TH OF THESE QUESTIONS ad not be disclosed. Have you excluded Yes No No			
ESE QUESTIONS	other "excepted trusts" need not be disclose	mmittee on Ethics and certain o	TRUSTS - Details regarding "Quelified Blind Trusts" approved by the Committee on Ethics and certain offier "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
		RUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO
REQUIRED TO COMPLETE		VLY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	single source in the current year and two prior years? HEDULE IF YOU ANSWER "YES"		liability (more then \$10,000) at any point during the reporting period?  ATTACH THE 1
e than \$5,000 from e Yes No	J. Did you receive compensation of more than \$5,000 from e	Yes	D. Did you, your spouse, or your dependent child heve eny reportable
nt or arrangement with an Yes No No	F. Did you have eny reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes V No	C. Did you or your spouse heve "earned" income (e.g., salaries, honorarie, or pension/IRA distributions) of \$200 or more during the reporting period?
during the reporting through the date of filing?	E. Did you hold any reporteble positions during the reporting period or in the current calender year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or     b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?
	TIONS	H OF THESE QUES	PRELIMINARY INFORMATION ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be asseseed sgainet any individuel who files more than 30 deys late.	Period Covered: January 1, to	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee  Employing Office:
(Office Use Only)	Check if Amendment	76x93	New Member of or Cendidate for State:
18 JUN -8 PM 1:25	Telephone:_	Daytime Telepi	Name: M. shapl ), Wist esasson
MAY 30 2018 Page 1 of	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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75.8 For all IRAs end user. And to each asset hed 401(k) plans) provide the value for each asset hed 401(k) plans) provide the value for each asset hed the account that exceeds the reporting thresholds. If you so choose, you may indicate that an assincome source is that of your spouse (SP dependent child (DC), or jointly held with anyone in the optional column on the far left. For an ownership interest in a privately-held busing that is not publicly traded, state the name of business, the nature of its activities, and For bank end other cesh accounts, total the amount it all interest-bearing accounts. If the total is ove \$5,000, list every financial institution where there improve than \$1,000 in Interest-bearing accounts. Provide complete names of stocks and mutual fund (do not use only ticker symbols). For e detailed discussion of Schedule A requirem please refer to the Instruction booklet. homes and vacation homes (unless there was renta income during the reporting period); and any financia interest in, or income derived from, a federa retirement program, including the Thrift Savings Plan exclude: Your personal residence, including seco rental property," end a city and state. For rental and other real property held for investme identity (a) each asset held for investment or production of income and with a fair market valua acceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearmed' ş ographic location in Block A. ou report a privately-traded fund that is a appead investment Fund please check the "Elf Assets and/or income Sources エン Reasan 60 4734 250 2 Sund Simon & Schuster ABC Hedge Fund Mege Corp Stock **BLOCK A** P+ 1786# Jim Wa or description, (SP) \$ a 9 ş × Indicate value of asset at close of the reporting period. If you Check all columns that apply. For account use a valuation method other than fair market value, please that generate tax-deferred income (such a specify the method used. If en asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for essets held by your spouse or depends child in which you have no interest. None \$1-\$1,000 0 \$1,001-\$15,000 c \$15,001-\$50,000 0 Valua of Asset × \$50,001-\$100,000 m \$100,001-\$250,000 BLOCK B X 'n \$250,001-\$500,000 6 \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ۲ \$25,000,001-\$50,000,000  $\sim$ Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* = 401(k), IPA, or 529 accounts), you may check the "fax-Defented" column. Dividents, of interest, and capital gains, aven if the slinvested, must be disclosed as income to sessets held in tracable accounts. Check on hone' if the asset generated no income during the reporting period. ¥ MONE DIVIDENDS × RENT Typs of Income INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Royattes Partnership Income Other Type of Income (Specify, e.g., Partnership Income or Farm Income) For assets for which you checked 'Tax-Deferred' in Block C. you may check the 'None' column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galas, even if referested must be disclosed as income for assets held in taxable accounts Check 'None' if no income was samed or generated. \*Column XII is for assets held by your spouse or dependent child in which you have no Interest. \$1-\$200 2 \$201-\$1,000 Œ ₹ \$1,001-\$2,500 **Current Year** × \$2,501-\$5,000 < × 5 \$5,001-\$15,000 Ş \$15,001-\$50,000 M \$50,001-\$100,000 \$100,001-\$1,000,000 ₹ Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 \$ BLOCK D ≱ Spouse/DC income over \$1,000,000\* \$1-\$200 = Ħ × \$201-\$1,000 ₹ \$1,001-\$2,500 Preceding Year \$2,501-\$5,000 S \$5,001-\$15,000 × \$15,001-\$50,000 S Y! \$50,001-\$100,000 \$100,001-\$1,000,000 ₹ \$1,000,001-\$5,000,000 × × Over \$5,000,000 Spouse/DC income over \$1,000,000\* ×

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Name:

SCHEDULE A - ASSETS & "UNEARNED INCOME"

## SCHEDULE C - EARNED INCOME

Name:	
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List the source, type, and amount of earned income from eny source (other then the filer's currant employment by tha U.S. government) totaling \$200 or mora during tha reporting period. For both the filer end filer's spouse, list the source end emount of any honorene. List only the source for other spousa earned income exceeding \$1,000. See axamples below. EXCLUDE: Military pay (such as Netional Guard or Reserva pay), federal ratirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that tha incoma limit end prohibited income may epply to you efter you are on House peyroll. The 2017 limit on outside earned incoma for Members and employees compenseted at or ebova the "senior staff" reta was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, end peyments for professionel services involving e fiduciary reletionship) era totally prohibited for Members and senior staff. Examples: Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education Law Practice Self corploy man Honorarium Туре **Current Year to Filing** \$15, vvo \$20,000 \$0 Amount #35,671 Preceding Yaer \$76,000 \$1,000 N/A

## SCHEDULE D - LIABILITIES

	Name:	
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period. New Members: Members are required to report all liabilities secured by real property including mortgeges on their personel residence. Exclude: Any mortgage on your personal residence Report liabilities of over \$10,000 owed to eny one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest emount owed during the reporting exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balence at the close of the reporting period (unless you rent it out or ere e Member); loans secured by eutomobiles, household furniture, or appliances; liabilities of a business in which you own en interest (unless you ere personelly lieble); and \*Column K is for liabilities held solely by your spouse or dependent child.

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	W-1)5	(07pg	Pb. 1	Nov	Example			
(	Wells forgo, local board 5/17	くらてもと くどっくさきない	Pb. Box 8/349	Nary Asmy (seditUnion	First Bank of Wilmington, DE	Creditor		
	£1/5			10/15	5/98	Date Liability Incurred MO/YR	•	
	line of escolit			Sailogn	Mortgage on Rental Property, Dover, DE	Type of Liability		
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						Over \$1,000,000* (Spouse/DC Liability)	*	

## SCHEDULE E - POSITIONS

political entities (such es political perties end campaign organizations); and positions solely of an honorary nature. New Members and second-year condidates report positions held in the reporting Report ell positions, compensated or uncompensated, as en officer, director, trustee of en organization, pertner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or period and the current celender rear. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		Position
		Name of Organization

SCHEDU	SCHEDULE F – AGREEMENTS	Name: Pageof
Identify the da continuetion o employer.	ite, parties to, and general terms of eny agreement or errains deferral of payments by a former or current employer oth	Identify the date, parties to, and general terms of eny agreement or errangement thet you have with respect to: future employment; a leave of absence during the period of government service; continuetion or deferral of payments by a former or current employer other then the U.S. government; or continuing participation in an employee welfere or benefit plen maintained by e former employer.
Date	Parties to Agreement	Terms of Agreement
SCHEDUL	SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	OF \$5,000 PAID BY ONE SOURCE
Report source customers of e	Report sources of compansation received by you or your business effiliation for services provided directly by you during the c customers of eny corporation, firm, pertnership, or other business enterprise if you directly provided the services generating a government end eny information considered confidential es a result of e privileged relationship recognized by law. Do not repe	Report sources of compansation received by you or your business effiliation for services provided directly by you during the current yeer end two prior years. This includes the nemes of clients and customers of eny corporation, firm, pertnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government end eny information considered confidential es a result of e privileged relationship recognized by law. Do not repeat informetion listed on Schedule C.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: Page\_\_\_\_

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